									Application or Docket Number				
	PATENT	)RC	10719358										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	LEI	ENTITY		OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			15					RAT	Έ	FEE	7	RATE	FEE
FOR			NUMBER FILED .		NUME	BER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			2) minus 20=		• }	* }		X\$ 9	<del></del>		OR	X\$18=	126
INDEPENDENT CLAIMS			9 minus 3 =		· 6	<del>}</del>		X43	=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM PR	RESENT					+145	 5=		OR		200
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	Δ1		OR	TOTAL	1186
CLAIMS AS AMENDED - PART II								101.	,_	<b>L</b>		OTHER	THAN
						(Column 3)		SMA	LL E	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X43=			1	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR			
·								+145			OR	+290=	
	•							TOT ADDIT. F		i	OR ,	TOTAL ADDIT. FEE	
_	(Column 1) (Column 2) (Column 3								_				
MENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9:	=		OR	X\$18=	
AMEND	Independent	*	Minus	***		=		X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b> </b>		$\dashv$		Ì	· ·	
			+145=			OR	+290=						
								TOT. ADDIT. FI	EE L		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											_	- · · · <u></u>	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		= .	.	X\$ 9=	_		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=	+			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	——	OR		
<b>4</b> J	f the cetar in colu		+145=			OR	+290=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
7	I the "Highest Num	mber Previously Pai nber Previously Paid	id For IN THIS I For" (Total or	SPACE is Independe	less that nt) is the	n 3, enter "3." highest number				ropriate box			